



Board of Pharmacy
PO Box 1099
Olympia WA 98507-1099
(360) 236-4830

Fee \$65.00

APPLICATION FOR PHARMACY ANCILLARY UTILIZATION

NOTE: Utilization Plans for Technicians and Assistants must accompany this application.

Please Print or Type

1. Name of Pharmacy _____
2. Business Address _____
3. Business Telephone _____
4. Name of Responsible Pharmacist _____
5. Professional License # of Responsible Pharmacist _____
6. Pharmacy Location License # _____
7. Number of Pharmacists Employed _____
8. Number of Technicians Employed _____
9. Number of Assistants Employed _____

SIGNATURE OF RESPONSIBLE PHARMACIST

DATE